

310 / 242
PART B - ISSUE FEE TRANSMITTAL

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advanced orders and notification of maintenance fees will be mailed to addressee entered in Block 1, unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. **See reverse for Certificate of Mailing.**

1. CORRESPONDENCE ADDRESS <div style="text-align: center; font-size: 1.2em;"> KENYON & KENYON ONE BROADWAY NEW YORK, NY 10004 </div>	2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change) INVENTOR'S NAME <hr/> Street Address <hr/> City, State and ZIP Code <hr/> CO-INVENTOR'S NAME <hr/> Street Address <hr/> City, State and ZIP Code <hr/> <input type="checkbox"/> Check if additional changes are on reverse side
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SERIES CODE	SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
	07/242,730	07/09/88	020	HINDENBURG, M	335 03/15/90
First Named Applicant HELNORTH, ROBERT S.					

TITLE OF INVENTION **INTRAUTERINE CAUTERIZING APPARATUS (AS AMENDED)**

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
8	51646/1	123-401.000	DB1	UTILITY	YES	\$310.00 06/15/90

3. Further correspondence to be mailed to the following: 	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed. <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> 1 KENYON & KENYON 2 3 </div> <div style="width: 15%; text-align: center;"> 1 2 3 </div> </div>
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090 PT 06/15/90 07242730

DO NOT USE THIS SPACE
1 242 310.00 CK

PG11315 06/20/90 07242730

11-0600 110 501

15.00CH

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE:
CYNELAB PRODUCTS

(2) ADDRESS: (City & State or Country)
6416 Gainsborough Drive, Raleigh NC 27612

(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION
North Carolina

- A.** ☐ This application is NOT assigned.
- ☒ Assignment previously submitted to the Patent and Trademark Office.
- ☐ Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.

6a. The following fees are enclosed:

☒ Issue Fee ☐ Advanced Order - # of Copies _____

6b. The following fees should be charged to: (Minimum of 10)

DEPOSIT ACCOUNT NUMBER **11-0600**
(Enclose Part C)

☐ Issue Fee ☒ Advanced Order - # of Copies **10**

☐ Any Deficiencies in Enclosed Fees (Minimum of 10)

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Signature of party in interest or record) *[Signature]* (Date) **6/18/90**